Office of Labor-Management

Washington, DC 20210

FORM LM-30 LABCR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-3 -200

This report is mandatory under PIL 86-257, as amended iFailure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 UISIC 439 or 440.



1 File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 Fiscal Year Covered From

2707	1 / 1 / 55 Through: 18 / 31 / 65
3 Name and address of person filing.	4 Name, file number, and address of labor organization.
NANCE L BALLMAN	Name COMMUNICATIONS WORKERS OF AMERICA LOCAL 7201 Labor Organization File Number COODIS
PO Box, Bldg., Room No , If any SUITE.	P.O. Box, Building and Room Number, if any SULTE Lo
Street 225 E. ROSEL-AWN	Street 225 E. ROSE AWN
City ST PAUL	City ST PAIL
State MINNESOTA ZIP Code + 4 55117-194	State MINISCOTA ZIP Code + 4 55117- 1944
5. Position in labor organization.	SA LOCAL "ROLLS
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
monetary value from an employer whose employees your organiz	ation represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	
QWEST COMMUNICATIONS	SAFETY CONFERENCE
Trade Name, if any:	DENVER COLDRADO
D.O. Cou, Plde Door No. 15 and	5-11-05 - 5-13-05
Street 1801 CALIFORNIA	7.b. Amount. - arrare / mple to Denuer = 249. - hotel = 131. - shuttle = 45.
City DENUER	meals (6) = 146 total
State COLORADO ZIP Code + 4 80808 - 44	meals (6) = 146. total
s	ignature
	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Thince Ballman	on 3-24-00 651-774-7201
	Date Telephone Number